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ease print or type with ELITE type (12 characters per	inch) in the unshaded areas only.	GSA NO. 0246-EPA-C
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III. Type of Regulated Waste Activity (M	lark 'X' in the appropriate boxes. Refer to	
Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 belowater for own waste only being the for commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at installation Note: A permit is required for this activitisee instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Devices 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground injection Control	a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace
C. Description of Regulated Wastes (Use		
your installation handles. (See 40 CFR Parts 1. Ignitable 2. Corrosive 3. Reactive	4. Toxicity Characteristic (List specific EPA haz	the characteristics of nonlisted hazardous waster ardous waste number(s) for the Toxicity cteristic Contaminant(s))
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. Other Wastes. (State or other wastes required 1 2	an I.D. number. See instructions.)	5 6
. Certification		
certify under penalty of law that I ha	based on my inquiry of those individu ted information is true, accurate, and co n, including the possibility of fines and in	
GNATURE 2/1-,	NAME AND OFFICIAL TITLE (TYPE OR PRINT) Vice President Quality and	Environ 7/02/96
Missouri Required Information	vice rresident quality and	Environ.
AISSOURI GENERATOR ID NUMBER (IF AS	SIGNED)	S.I.C. CODE 3 5 8 5
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II. Comments	neat fransfer Equipm	ent nanutaceard
Note: Mail completed form to the MISSOURI	DEPARTMENT OF NATURAL RESOURCES,	HAZARDOUS WASTE PROGRAM.
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Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act).



MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM JUL 1 9 19 16 P.O. BOX 176 JEFFERSON CITY, MISSOURI 65102 (314) 751-3176

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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to in:	structions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace
1. Air Indicate Type of Combustion Device(s) 2. Rail 3. Highway 4. Water Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace	Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
5. Other - specify 5. Underground Injection Control	
	characteristics of nonlisted hazardous wastes ous waste number(s) for the Toxicity stic Contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more 1 F 0 0 1 F 0 0 3 F 0 0 3 F 0 0 3 F 0 0 0 3 F 0 0 0 3 F 0 0 0 3 F 0 0 0 3 F 0 0 0 3	than 12 waste codes.) 5 6 11 12
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.) 1 2 3 4	5 6
I certify under penalty of law that I have personally examined and am familiar and all attached documents, and that based on my inquiry of those individuals the information, I believe that the submitted information is true, accurate, and compensatives for submitting false information, including the possibility of fines and improved.	immediately responsible for obtaining lete. I am aware that there are significant
NAME AND OFFICIAL TITLE (TYPE OR PRINT) Wice President Quality and Environment of the President Operation of the Pre	viron. Date Signed 1/02/96
MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)	S.I.C. CODE 3 5 8 5
DESCRIBE PRINCIPAL BUSINESS ACTIVITY Heat Transfer Equipmen	and the state of t
XII. Comments	
Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HA	ZARDOUS WASTE PROGRAM.